

General

Title

Health plan members' experiences: percentage of parents/caretakers of health plan members who reported how often their child got care quickly.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Patient Experience

Secondary Measure Domain

Clinical Quality Measure: Access

Brief Abstract

Description

The CAHPS Health Plan Survey 5.0H, Child Version provides information on parents'/caretakers' experience with their child's health plan. Results summarize member experiences through ratings, composites and individual question summary rates.

Five composite scores summarize responses in key areas:

1. Customer Service
2. Getting Care Quickly
3. Getting Needed Care
4. How Well Doctors Communicate

5. Shared Decision Making

For this "Getting Care Quickly" measure, parents/caretakers indicate how often ("Never," "Sometimes," "Usually," or "Always") their child got care as soon as he or she needed when their child needed care right away and how often they got an appointment as soon as their child needed when they made an appointment for a check-up or routine care for their child at a doctor's office or clinic in the last 12 months. The "Getting Care Quickly" composite measure is based on two questions in the CAHPS Health Plan Survey 5.0H, Child Version.

Rationale

The National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement (CPM) has long felt that consumer experience with health care is a critical component of quality of care, that experience affects care outcome—and that experience is itself a measure of outcome. Survey results give health plans the opportunity for continuous improvement in member care.

Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Primary Health Components

Health care; member experiences; getting care quickly; children

Denominator Description

Eligible members age 17 years and younger whose parent/caretaker answered the "Getting Care Quickly" questions on the CAHPS Health Plan Survey 5.0H, Child Version (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of "Never," "Sometimes," "Usually," and "Always" responses on the "Getting Care Quickly" questions (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age less than or equal to 17 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

End of Life Care

Getting Better

Living with Illness

Staying Healthy

IOM Domain

Patient-centeredness

Timeliness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Eligible members age 17 years and younger whose parent/caretaker answered the "Getting Care Quickly" questions on the CAHPS Health Plan

Survey 5.0H, Child Version. Include nonresponses.

Note:

- *Eligible Population*: Members age 17 years and younger as of December 31 of the measurement year, who were continuously enrolled in the health plan during the measurement year (commercial) or the last 6 months of the measurement year (Medicaid), and currently enrolled at the time the survey is completed.
- *Allowable Gap*: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have had more than a 1-month gap in coverage.
- Nonresponses:
 - Incomplete
 - Refusal
 - After maximum attempts
 - Bad address
 - Bad address *and* nonworking/unlisted phone number or member is unknown at the dialed phone number

Exclusions

Members assigned one of the following final disposition codes of "Ineligible":

- Deceased
- Does not meet *eligible population* criteria
- Language barrier
- Removed from sample during deduplication

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of "Never," "Sometimes," "Usually," and "Always" responses on the "Getting Care Quickly" questions

From the responses, a composite mean and composite mean variance score are calculated. A higher composite mean is associated with better quality. Additionally, composite global proportions and composite global proportion variances are calculated, as well as item-specific question summary rates for each composite question.

Note: A questionnaire must have the final disposition code of "Complete and Valid Survey" for inclusion in the survey results calculations.

Refer to the original measure documentation for additional details.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Composite/Scale

Mean/Median

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that results are reported separately for the commercial and Medicaid product lines.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Getting care quickly.

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Experience of Care

Measure Subset Name

CAHPS Health Plan Survey 5.0H, Child Version

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Adaptation

This measure was adapted from the CAHPS 5.0 Health Plan Survey (Child Questionnaire).

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

- National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.
- National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.
- National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following is available:

- National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI on March 27, 2007. The information was not verified by the measure developer.

This NQMC summary was updated by ECRI Institute on March 17, 2008. The information was verified by the measure developer on April 24, 2008.

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Copyright Statement

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to *HEDIS Volume 2: Technical Specifications for Health Plans*, available from the NCQA Web site at www.ncqa.org .

Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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